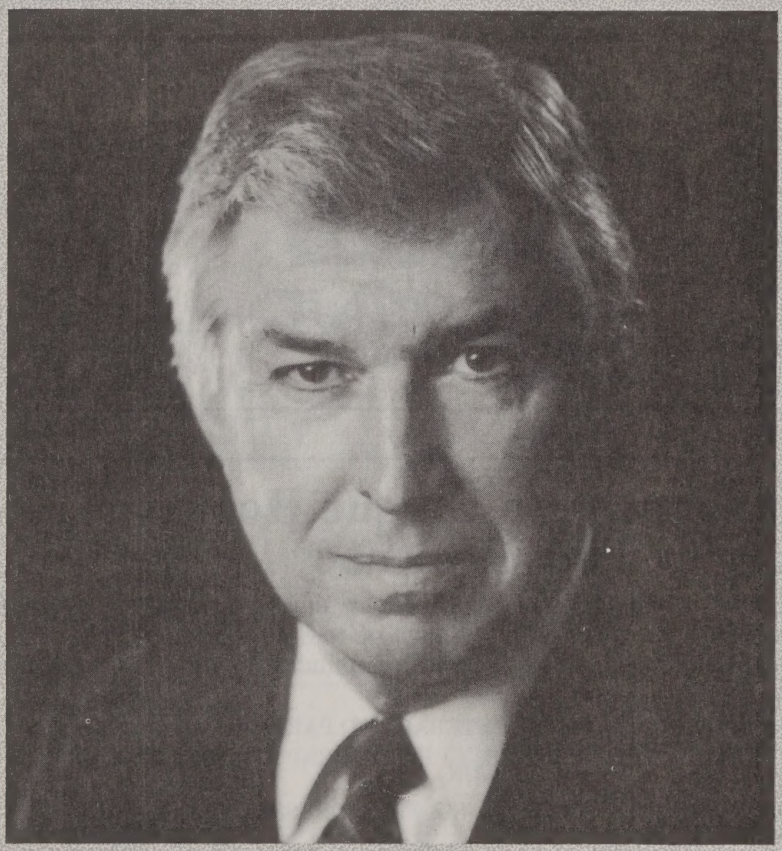
The Hampden Hippocrat

May
June
1984



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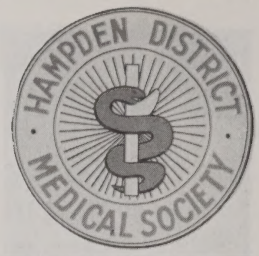

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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.

THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.

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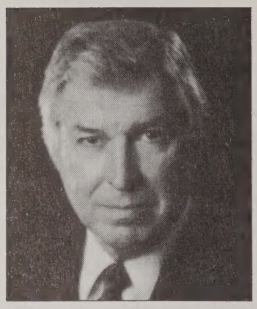

Lorne C. Smith, M.D.
President

PRESIDENT'S PAGE

Welcome!

My first message is one of welcome to our twenty-six new members. I will attempt during the coming year to involve each new member in a meaningful role in our Society. We want to hear from our new members, and for that matter, all members. We are most receptive to suggestions and criticism. One of my personal goals during the coming year will be to continue to expand our membership.

Several physicians have stepped down from committee chairmanships and from key positions in the Society. I wish at this time to give thanks and appreciation for jobs well done. Dr. Terry Ryan did an outstanding job as President this past year. Dr. Enzo DiGiacomo has served well as Chairman of the Public Health Committee for many years. Dr. Norman Epstein has served our community in an exemplary manner as Chairman of the Mediation Committee. Dr. Walter Pacosa has served us well as Publications Chairman and was most helpful in working out our new editorial format for the Hippocrat. Dr. Bernard Bloom has been tireless as Public Relations Chairman. Dr. James Siragusa, in addition to his many other responsibilities, served as Executive Councilor. He is now Vice President of the Massachusetts Medical Society. We wish him well in his new job. We are fortunate to have a fine group of physicians working for our Society. The Executive Committee and all of the Standing and Ad Hoc Committees are satisfied with good men and women doing the job. This work is the strength of our Society. We want all to know that their participation is appreciated.

Our future, in my view, is one of unprecedented challenge and opportunity. In future issues I will attempt to address those subjects where leadership by our Society can hopefully impact upon the health care scene. Cost containment, malpractice issues, competition between physicians and between institutions, ethical dilemmas, the impending crisis with Medicaid and Workman's Comp, and the ongoing battles with Blue Cross/Blue Shield are some of the subjects to be aired in the Hippocrat and to be addressed by our Medical Society.

I am confident that the Hampden District Medical Society is up to the many present and future challenges.

Annual Report of HDMS Auxiliary 1983-1984

The dedication, assistance, enthusiasm, and patience of an outstanding Board combined with the loyalty and support of our membership has made this an exciting and rewarding year for me.

Our first general meeting, co-chaired by Jane Condon and Lorraine Penhos, was held at the Springfield Science Museum. Our co-chairmen of the Health Education Committee, Polly Miller and Ginny Walthall, presented an interesting demonstration of their programs for elementary school children on the heart, skeletal, and circulatory systems. They also displayed the three kits designed by their committee on the heart, the lungs, and smoking. Luncheon speaker, Gloria Keeney, curator of education at the museum, brought us up to date on plans for the Hall of Health and gave us a sneak preview of TAM, the "Transparent Anatomical Manikin."

In October, we combined our resources with those of the Valley District Dental Women's Society to host a cocktail party at the site of the future Hall of Health and introduce TAM to the community. Cynthia Bye and Helen Gallivan did an excellent job of organizing this event.

Our interest in the Science Museum has continued throughout the year. Our Health Education Committee has been very busy developing teaching programs to be used in conjunction with TAM. Three auxilians, Polly Miller, Jean Medrek, and myself, are members of the Steering Committee for the Hall of Health which should be a reality within the next two years.

In November, Vicki Kiss and Kay D'Avanzo were co-chairmen of our "Shared Concerns" Symposium. Marguerite Tracy was a dynamic and captivating guest speaker. She is author of the book, "Doctors Die, Too," and those of you who attended will remember it as a very informative, rewarding, and pleasurable day.

Also, in November, our Scholarship Fund Campaign was launched and, thanks to the efforts of chairman Carolyn Letteney, more than

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$3250 was raised. This allowed our Scholarship Committee, led by Lorraine Penhos and Fran Ryan, to select six qualified students from medical and para-medical fields. Each recipient received a $500 scholarship.

Roxy Zacarian opened her lovely home to us on December 6, for our annual Holiday Tea. Under the direction of Carrol-Jean Yorzyk, Carol Trachtenberg, Laura Fernandez, and Wenda Restall, it was a thoroughly enjoyable affair. Thanks to their boutique and raffle, it was also a financial success for the first time in many years.

On January 31, Dr. Terry Ryan, president of the Hampden District Medical Society, invited the auxiliary to join the society at a dinner meeting for legislators at the Marriott Hotel. Attendance of spouses was so enthusiastic that the society has voted to invite them to all of their dinner meetings.

On March 22, Jane Condon and her committee acheived an outstanding success with more than 175 people attending the "Abuse and Abuses" Seminar at Springfield College. It consisted of six workshops on sexual, physical and emotional, substance, and dietary abuse, children and the law, and suicide and depression. Nurses were given 6 CEU credits.

Baystate Medical Center, March of Dimes Birth Defects Foundation, Massachusetts Department of Public Health, Massachusetts Medical Society Auxiliary, the University of Massachusetts School of Health Sciences, and The Hampden District Medical Society Auxiliary co-sponsored the Eastern Regional Meeting of the Coalition of Pregnant and Parenting Teenagers held at the University of Massachusetts on April 12 and 13. Jane Condon represented the Auxiliary on the planning committee for this meeting which was geared toward training professionals to work with pregnant and parenting teens. It was an extremely worthwhile endeavor.

Our legislative chairman, Janet Egelhofer has kept us informed of the pending new legislation and represented our auxiliary at the Women's Legislative Caucus held in Boston on April 24.

Thanks to the tireless efforts of Audrey Rich, our child passenger safety exhibit has been put to good use this year. It was exhibited at the Big E in September of '83 by the Safety Council of Western Massachusetts. It has been on display at the Springfield Science

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Museum. And, tentatively, Bob Shonak, Health and Safety Director for the City of Springfield is interested in the exhibit and hopes to display it at Springfield City Hall.

On Doctor's Day, Dr. Harry Baker of Holyoke was honored for 50 years of service to our community with a check for $25 to our scholarship fund.

We have kept abreast of what is happening at the state and national levels. Our president-elect, Vicki Kiss, traveled to Chicago for the National Confluence of the American Medical Association Auxiliary. Jane Condon is a member of the Executive Committee of the Massachusetts Medical Society Auxiliary. Your auxiliary has been represented at all state functions to which this district has been invited throughout the year.

Our year is ending with this business meeting, luncheon, and fashion show planned by Diana Abbasy and Jane Sherman. State president-elect, Anna Ferguson, and Executive Assistant, Cecelia Porter, will preside over our installation of officers.

I wish to take this opportunity to thank each and every one of you for your ongoing trust and support. There are many people whose names were not mentioned here who were always ready and willing to lend a hand when help was needed. These are the people who have enabled this auxiliary to become the largest and strongest in the state. □

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Medicaid is a Disgrace

In a series of reports earlier this week, our consumer specialist, Christie Herlihy-Starr, documented problems with the Medicaid system. Most dramatic of these problems is the inability of many people to obtain the services of doctor, most notably specialists because those doctors will not accept Medicaid patients. The doctors have three major arguments. Number one: the state has sill not straightened out its bookkeeping and its computer problems - Payments to doctors (and for that matter to othe Medicaid vendors like ambulance companies) regularly run many, many months behind. Number two: the Medicaid payment schedule, particularly to specialists, is far below what these doctors normally charge private patients. And number three: doctors who accept Medicaid patients must serve *all* Medicaid patients who come to them.

The Government demands that all of us, including doctors, pay our taxes on time. It's patently unfair for government to be consistently late in paying its own bills. The idea was to cut the overall cost of health care by promoting preventive medicine.

A lot of us feel, justly or unjustly, that many specialists charge too much anyway. But if the new schedule is not working out, a task force of doctors and public officials should get together and work out changes in the system that are fair to the doctors and to the patients. The government bureaucracy should also recognize the unfairness of insisting that those doctors who do not see Medicaid patients see every Medicaid patient who knocks on the door. The law would be better if it required *every* doctor to treat Medicaid patients but also allowed each doctor to set a reasonable ceiling on the number of patients he or she is would see.

Right now, the operation of Medicaid is a disgrace. It's time for doctors and the government to work together to make it work right. □

Editorial: Gilbert M. Lefkovich, General Manager WGGB-TV
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PERCY WADMAN, M.D. WAS OUR FEATURED SPEAKER AT THE ANNUAL MEETING ON APRIL 24th. DR. WADMAN WAS INVITED TO SPEAK ON "HOSPITAL AND MEDICAL STAFF COOPERATION" BECAUSE OF HIS FAMILIARITY WITH THE MEDICAL STAFF-HOSPITAL (MESH) JOINT VENTURE PLANS DEVELOPED BY DR. PAUL ELLWOOD FOR THE HENNEPIN COUNTY MEDICAL SOCIETY IN MINNESOTA. HE HAS LED THE DEVELOPMENT AND FORMAL INCORPORATION OF THE FIRST SUCH PLAN IN THE COUNTRY AT THE FRANKLIN COUNTY HOSPITAL. HIS MESSAGE MIGHT BE SUMMARIZED AS FOLLOWS.

The very fabric of medical care, the physician-patient-hospital relationship, is being torn by a variety of forces: the technological explosion; changing economics; the involvement of insurance companies in medical decision making; professional liability problems; state regulatory agencies; infringement on medicine by chiropractors, podiatrists, optometrists, acupunturists, etc.; DRG programs; JCAH standards; utilization review; the changing role of boards of trustees; activities of physicians and hospitals; HMO's and PPO's; marketing activities, etc.

Physicians, hospital administrators, and boards of trustees are being overwhelmed by the combined force of these changes and are increasingly finding themselves in an adversarial role at a time when the very survival of each is dependent on their ability to cooperate with one another.

As adversarial posture on the part of some physicians and a posture of apathy on the part of many others are serious roadblocks to the successful efforts of most hospitals and medical staffs to survive in this threatening era. One answer to this problem is MESH.

MESH is one type of medical staff-hospital joint venture in which a

seperate incorporated entity is formed with organized medical staff and hospital administration in which the organized medical staff and the hospital administration are equal partners. Each contributes equal amounts of money to fund it and each has equal representation on its board of directors. Through this organization they can work as partners in dealing with problems relating to hospital DRG's, physician DRG's, cost containment, the development of PPO's, statellite clinics, and oversee the fairness of competition between out-patient clinics and private offices, etc.

This or some similar type of program is necessary to facilitate cooperation between hospitals and physicians in order to ensure:

1. the survival of the best health care system of the world
2. the survival of the patient as an individual
3. the survival of the physician, and
4. the survival of the hospitals

This can only be accomplished by a team effort. The chief and most natural ally of the physician is the hospital. We must replace the adversarial role of the two with a cooperative approach and it must be a true partnership. The physician must replace the question of "What's in it for me?" with "What's right for us?" (the patient, the physician, and the hospital). □

Terry D. Ryan, M.D.
Editor

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Annual Meeting

DR. RYAN, OUTGOING PRESIDENT, RECEIVES THE CONGRATULATIONS OF DR. SMITH, INCOMING PRESIDENT, AS DR. WADMAN LOOKS ON, AT THE ANNUAL MEETING

The 144th Annual Meeting of the Hampden District Medical Society was held on Tuesday, April 24, 1984, at the Quality Inn and Conference Center in Chicopee. There were 121 members, spouses and invited guests present.

Dr. Ryan, President, called the meeting to order at 6:10 p.m.

The minutes of the January 31, 1984 meeting were read by Dr. Walthall, Secretary, and approved by the members as read.

Dr. Remsberg, Treasurer, gave the financial report which is on record at the HDMS office. This had been reported in the Newsletter and voted upon in January.

Dr. Paul T. Moore gave the Auditor's report on the financial status of the HDMS and the Academy of Medicine and said the finances were in order.

The report of the Nominating Committee was read by Dr. Edward McHugh, Chairman. The nominations were accepted unanimously by the Society. The Secretary was instructed to cast one ballot for the slate. Dr. Richard Kane, Chairman of the Academy of Medicine, presented the new slate of officers.

The proposed bylaws changes, as printed in the April issue of the Hampden Hippocrat, were read by Dr. Ryan and accepted by the Society.

The educational newspaper column endeavor was explained by Dr. Ryan. Motion was made, seconded and passed to continue the educational newspaper column at the discretion of the Executive Committee.

Dr. O'Neill reported on Bill 5624 instituted by Blue Cross/Blue Shield and supported by Governor Dukakis. Dr. O'Neill urged members to contact state senators expressing opposition to this bill.

Annual Committee Reports as printed in the April issue of the Hampden Hippocrat were approved.

Dr. William E. Callahan spoke on BAYPAC, the political action committee established 22 years ago and open to physicians, their families and friends of medicine. An invitation to join BAYPAC was extended to members present. Regular membership is $35.00 and sustaining membership is $100.00.

The meeting was adjourned at 6:55 p.m.

A brief meeting of HDMS Councilors was held.

Following the Social Hour, Dr. Ryan introduced Hospital Administrators and other invited guests.

Rev. Bruce Benander of our Medico-Religious Committee gave the invocation and spoke briefly about the committee's functions and plans.

Dr. Ryan called for a moment of silence for deceased members.

The following names of 50 year members were read:

Harry A. Baker, M.D.
Meran Nakashian, M.D.
Nelson Newmark, M.D.

Dr. Ryan introduced Dr. Lorne Smith, new President. Dr. Smith presented Dr. Ryan with a plaque and thanked him for his fine leadership during the past year. Dr. Ryan in turn presented Dr. Smith with an outsized gavel and wished him well.

The names of 26 new members were read by Dr. Ryan.

Dr. Percy W. Wadman, Past President of Mass. Medical Society, was introduced by Dr. Ryan. Dr. Wadman delivered a stimulating talk on hospital and medical staff cooperation which was well received by the audience.

The meeting was adjourned at 9:40 p.m. □

Respectfully Submitted,
William W. Walthall, Jr., M.D.
Secretary

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Health care costs have escalated over the past 20 years, as we all know, and rose over 3 times the national inflation rate in 1982, with health insurance premiums rising in double digit figures. We have seen, as a result, the coming of insurers, business and labor into the fray, as well as the government. The T.E.F.R. Act of 1982 called for a 17.5 billion dollar reduction in Federal spending during 1983 to 1985, with 80 percent of this taking place in Medicare and Medicaid programs. Thus, health care cost containment has become the familiar phrase of the 80's.

One of the emerging words in the cost containment field is now "competition." One form of competition is "cost sharing" with the insured. Benefit plans are changing to increase deductibles and coinsurance. Pre-admission testing is being required, ambulatory surgical centers are being favored, second surgical opinions are being instigated with financial benefits to the insured for each. Peer review is being emphasized as well.

HMO's and IPA's are being organized to present to groups a "competing plan approach."

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The PPO, or Preferred Provider Organization offers another avenue of competition. The AMA has recently published *A Physician's Guide to PPO's,** intended to be an informational resource for physicians interested in the concept from participation, planning and implementation standpoints. It reports a rapid growth of PPO's in the last 2 years from 7 in 2 states in 1982 to 104 in 30 states in 1983.

The Massachusetts Medical Society News reported that the Prudential Insurance Company and the John Hancock Insurance Company will have operational PPO's this spring. In our own area, a PPO is close to becoming operational as well.

The AMA Guide reports that there is no "typical" PPO but that they do share some basic characteristics. It states, "in point of fact most PPO's are not organizations at all, from the physician's perspective. They are, instead, a contractual arrangement between health care providers and employers, insurance carriers or third party administrators, to provide health care services to a defined population at established fees which may or may not be a discount from usual and customary or reasonable charges."
The following characteristics are usually shared —

1. a designated panel of health care professionals and/or institutions which are the "preferred" providers;
2. an established fee schedule which may result in a discount of as much as 15 to 20 percent from UCR for the employers or insurance carriers who are the purchasers of care;
3. medical services provided on a traditional fee-for-service basis;
4. a strong emphasis on utilization review and control;
5. no "lock-in" of the consumer/patient to specific health care providers; however, economic incentives such as the waiving or reducing of co-payments or deductibles are often applied to encourage the patient to use the "preferred" providers;
6. no formal risk-sharing arrangements by the physicians in a PPO as there is for physicians in an HMO;
7. an effort to pay providers within a designated time period."

The AMA Guide also observes that the PPO is seen by many physicians as an effective means to protect their current patient population or to increase it, especially if there are competing alternative delivery systems in the area (HMO's for instance) or an increasing number of physicians.

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At the 1983 Annual AMA Meeting, the House of Delegates referred a resolution to the Board asking that the "AMA develop guidelines to analyze various PPO structures as they affect:

1. A patient's freedom of choice of hospital and physician;
2. the patient's ability to make decisions involving his/her health care through economic incentives and disincentives;
3. the physician's ability to participate in the plan; and
4. the use of utilization review data to control physician participation."

Present AMA policy supports the right of any patient to choose either his own physician or a health delivery plan which may carry with it specified restrictions concerning source of care. It also supports the use of financial incentives toward the use of a particular system, making the consumer share in the financial consequences of his choice. PPO's with no "lock-in" are consistent with this policy. In addition, if a PPO has a "lock-in" system, the AMA is not opposed as long as the client has an initial choice of payment plans from which to choose. Present policy also states that restrictions which interfere in the ability of office-based physicians to treat their patients in a hospital are disruptive to continuity of care and not in the best interest of patient care.

AMA policy supports freedom for physicians to choose their mode of practice and method of payment.

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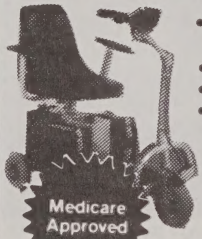

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Utilization review by PPO's doesn't appear to be inconsistent with AMA policy as long as physician direction and control are maintained.

The MMS newsletter observes, "it has yet to be determined whether PPO's will grow and thrive in Massachusetts, whether they will be effective in managing health care costs or whether they will have an impact on the quality of care provided to Massachusetts citizens. It is clear, however, that physicians in Massachusetts need to stay informed and aware of new PPO developments, and make informed decisions regarding their own involvement with this new contractual arrangement."

To this, we can only assent, as we add these letters to the crowded vocabulary of medico-socio-economics.

W. J. Baker, M.D.

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The events of the past two months have been very exciting in the area of medical legislation. Admittedly, there have been so many ups and downs that the medical community has been on an "emotional roller coaster."

The defeat of the Rostenkowski Amendment, which mandated medicare assignment and to some degree medicare participation, was testimony to the work of the AMA, AMPAC, and numerous state medical societies. Our own Massachusetts Medical Society had significant impact in these efforts.

On the homefront, Judge Andrew Caffrey's decision, handed down on March 19, 1984, in favor of the medical society in the Blue Sheild suit, ruling that the ban on balance billing imposes an unreasonable restraint on competition, was met with great joy.

The joy, however, was short-lived as Governor Dukakis on April 6, 1984, filed House Bill 5624, to make balance billing illegal. I am told the governor filed this bill without even having read Judge Caffrey's decision. That simple fact should let us know where we stand.

The bill was referred to the Joint Committee on Insurance, on which sit some of our local legislators: Senator Reilly; Senator Melconian; Representative Howarth; and Representative Walsh. Great efforts on the part of the leadership of Hampden District were expended to reach these legislators and get our point of view known.

We believed that a reasonable compromise could have been reached by submitting a new bill with a "sunset clause" which would have allowed the ban on balance billing to continue for one (1) year while a commission would be established to study BC-BS and its relationship with physicians. This would have achieved the governor's goals, saved the legislators embarrassment, forced BC-BS to at least communicate with physicians, while at the same time preserving the *status quo*.

Since most of the negotiations with regard to this bill took place in Senators' offices and in executive session the true facts surrounding why the Committee on Insurance voted to send the governor's bill to the floor may never be known. We hope that an amendment will be attached to the bill establishing the above mentioned commission.

The physicians of Hampden District should be proud of the efforts you made in writing and contacting your legislators. Our legislators were overwhelmed with the response from physicians. We showed them that the time of physician apathy has passed! We expect to be and will be a vociferous minority who will speak out when we believe that we are morally right on issues which effect our patients and our profession.

Dr. Bill Callahan, Chairman of Baypac, told me that Hampden District had the second greatest increase in membership. Keep up the good work! Get your friends, colleagues, and fellow staff members to join. This money will be used to support candidates who are at least willing to hear our message - medicine should not be a public utility; but, rather, should remain part of the free enterprise

system which has allowed it to be the best, although not perfect, medical system in the world.

Now for a word on our local legislators on the Committee on Insurance and their response to our pleas. We cannot expect to be supportive of our views all of the time and maybe not at all - but, we should expect them to at least listen to our point of view.

Early on in the negotiations concerning H 5624, when it appeared that a compromise agreeable to both BS and the medical society could be reached, Senator Melconian and Senator Reilly were very responsive to our contacts. However, when negotiations began to break down, our newly elected MMS vice-president, "Gus" Siragusa, tried desperately to reach Senator Melconian and Senator Reilly only to have a deaf ear turned to him. Senator Melconian still has not returned his phone calls of Friday, May 4. Senator Reilly did return his call one (1) week later, after the vote to send the bill to the floor had already been taken. This is as effective as sending Holiday Greetings in January.

Memories are short. Perhaps Senator Melconian's ties to organized labor and Blue Shield are greater that those to her constituent physicians living in Longmeadow. We don't expect her to vote with us but she certainly should give us our "day in court." It would do Senator Melconian well to remember that if she had not overwhelmingly carried Longmeadow in the last Democratic primary the senator from the Second Hampden and Hampshire District might well be Len Wagner. I

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wonder how many physicians and physicians' families supported and voted for the senator in the primary and in the general election. Unlike most states, in Massachusetts, many physicians are Democrats, even in Longmeadow, and they do expect to be heard.

Representative Mike Walsh, on the other hand, spoke with me personally and also promptly returned my phone call during the time of heated negotiations. Again, all we ask is to be heard and he certainly extended that courtesy to us.

Representative Robert Howarth spoke with me personally about the issue and provided me with insight relative to the opposing point of view. Representative Howarth also discussed the issue with people from the Massachusetts Medical Society and seemed supportive of the compromise which being worked out.

That's where it is, doctors, as I viewed it. Your support is needed, wanted, and appreciated. Most importantly, your efforts are not in vain.

Terrence M. O'Neill, M.D.
Legislative Chairman

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Joint Meeting of the MMS Executive Board April 11, 1984

Goodwell M. Stewart, M.D., President, presiding

Attending the executive board meeting were three representatives from Hampden, Executive Councilor J. J. Siragusa, M.D., Alternative Executive Councilor Philip B. Stoddard, M.D., and HDMS President Terry Ryan, M.D.

Hampden District Medical Society is one of the few districts that has been so well represented at the Executive board Meetings.

The agenda included several items:

1.) President's update.

a. Representatives of Choate, Hall and Stewart presented a summary of the MMS suit against Blue Shield by outlining the events chronologically, the thirty-seven day trial, the expert witnesses, and the relationship with the original plaintiffs and their attorneys.

Inspite of the agreed cap on expenses, Choate, Hall incurred additional expenses of $430,000 and requested payment of $230,000 of that amount. The Executive Board voted to pay the $230,000 after a lengthy discussion.

b. Dr. Stewart, President MMS, informed the Board that Governor Dukakis has filed legislation mandating that no balance billings will be permitted for Blue Shield patients.

Mr. William Malloy, our lobbyist on the hill, suggested a strong offense which would consist of contact of *all legislators* by *all physicians*. The information that should be conveyed to each legislator is that the Dukakis bill should be directed into a

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study. A study is something that the Medical Society has sought from the legislature for some years and it is always been turned down.

Dr. Stewart proposed the Medical Society hire a public relations firm, Sullivan and Reagan, to spearhead the uphill battle to sidetrack Mr. Dukakis' legislation into a study Commission. This will cost $150,000 or more. The Executive Board has voted $200,000 to finance this effort. The comment was made that if we lose this battle, private practice will be severely imperiled. If the legislation passes, Massachusetts will be the first state in the union to fix fees for physicians.

It is House Bill #5624 and the public hearing is April 25.

Detailed material will be coming from Massachusetts Medical Society instructing each and everyone of us how we can be most effective in contacting our legislators.

c. There is no action coming from the JUA at the present time.

2.) The membership report was given by Dr. Shedd and the Committee's recommendation to accept resignations, deny membership for non-payment of dues, was voted and passed by the Board.

3.) The Committee on By-laws presented several by-laws changes and after some editorial changes the by-law change recommendations were voted by the Executive Board.

4.) The Committee on Finance presented several requests for additional appropriations and the Board voted the Committee's recommendations. Dr. Barry Manuel also expressed concern that the new Massachusetts Medical Society headquarters will not be large enough for our needs in the not too distant future. We should consider long range planning to include construction of additional space.

J. J. Siragusa, M.D.
Executive Councilor

Note from the V.P.

It is with humility and pride, that I thank my friends in Hampden for making it possible for me to be an officer in our state society. Stay with me and I will stay with you.

"Gus"

Notes and Quotes of Interest

Business Week and McGraw-Hill's Washington Health Letters, announce their second conference on "PPO's" to be held September 18-19, 1984 at the Biltmore Hotel in Los Angeles. It will feature executives of major corporations that have contracted with PPO's and the representatives who organized them. Contact Business Week Executive Programs, 1221 Avenue of the Americans, Suite 4049, New York, N.Y. 10020.

Lewis W. Whiting, M.D. informs us that he will start his "Elective years" in May, 1984, at 251 Wilbraham Avenue in Springfield. Congratulations, Lew!

The American College of Cardiology has several opportunities for continuing medical education during your vacation this summer. "The patient with Arrythmia: a Clinical Approach", will be conducted at the Georgetown University Medical Center, Washington, D.C. June 13-15.

"Stress and the Heart: Diagnosis, Prevention Management, and Rehabilitation" will be held July 4-6 at Jackson Lake Lodge in Wyoming's beautiful Grand Tefon National Park.

"Cardiac Morphology: Echocardiographic, Nuclear Imaging and Necropsy Correlations" has been scheduled for June 25-27 at the Hyatt Lake Tahoe Resort Hotel in Incline Village, Nevada.

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MEDICAL:	Tufts University 1976-80
INTERNSHIP:	Baystate Medical Center 1980-81
RESIDENCY:	Baystate Medical Center 1981-present

Sang W. Rhee, M.D.
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Springfield, MA 01107

BORN:	August 16, 1937
PREMED:	Seoul National University College of Liberal Arts, Korea 1956-58
MEDICAL:	Seoul National University College of Medicine 1956-62
INTERNSHIP:	Seoul National University Hospital 1962-63 St. Francis Hospital, IL 1966-67
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INTERNSHIP:	Kem Hospital Bombay University 1970-77 Beth Israel Medical Center, NY 1977-78
RESIDENCY:	Muhlenberg Hospital, NJ 1978-81
FELLOWSHIP:	Baystate Medical Center, 1981-83
SPECIALTY:	CARDIOLOGY

Ann M. Finegan, M.D.
759 Chestnut St.
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RESIDENT

BORN:	September 7, 1955
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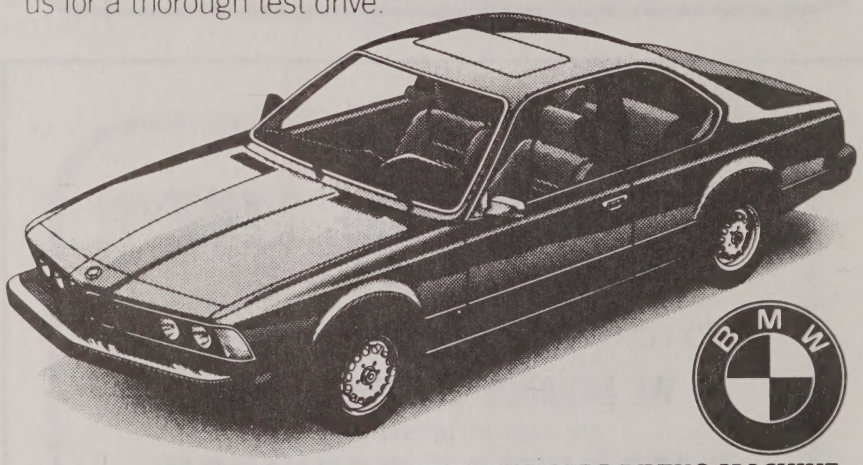

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